

VERMONT PARDON APPLICATION

*****IMPORTANT INFORMATION TO KNOW BEFORE YOU BEGIN THIS PROCESS*****	
➤	A governor's pardon is an extraordinary act. In the vast majority of cases, pardons will <i>not</i> be granted.
➤	The Governor does not grant pardons for criminal offenses that resulted in conviction in federal court or the court of another state.
➤	A pardon will not necessarily erase your conviction or the record of that conviction, and may not change the consequences of that conviction. If you are requesting a pardon because you believe the pardon will have certain legal consequences for you, you should talk to a lawyer.
➤	In certain types of cases, a court process to expunge (or erase) a criminal record of conviction may be available. This is a separate process from the governor's pardon process. You should talk to a lawyer to find out whether you might be eligible to apply for expungement of your record by a court.
➤	Your application and the attached materials may be public records subject to disclosure if someone makes a request pursuant to Vermont's public records law.
➤	This is a lengthy process that will take a minimum of several months to complete; therefore your cooperation is essential. If, during the process, you move or change your phone number, contact this office as soon as possible.
➤	Please read the instructions carefully, and provide <u>all</u> of the information requested. We have provided a checklist below to help you keep track of all the required pieces. We may return your application if it is incomplete.
➤	Please type or print clearly, and put your name at the top of each page so that we can keep track of your application if pages get separated. Fill in <u>all</u> blanks. (If necessary, you may use "N/A" (for "Not Applicable"), "Unknown," or "None.")
➤	<u>Make a copy of the application for your records</u> before you send it in. You should mail your application packet to: Pardon Coordinator, Office of the Governor, 109 State Street, The Pavilion, Montpelier, VT 05609-0101
➤	In addition to sending your completed application to the Governor's Office, you must also send the other required forms and information. Please use the attached checklist to make sure you have sent everything.

VERMONT PARDON APPLICATION CHECKLIST

These are the items you need to send in connection with your pardon application. Please use this checklist to make sure you are sending in a complete application. We will not review your application until it is complete, and we may send it back.

<input type="checkbox"/>	<i>Complete, Notarized Pardon Application</i> (all questions answered)
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1. Proof of residence

<input type="checkbox"/>	You can send a current receipt for rent or mortgage payments, utility bills listed in your name or other records that document your residence.
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2. Verification of payment of court costs, fines and restitution

<input type="checkbox"/>	We must have verification of your payment of court costs, fines and restitution in connection with your conviction. You can get this documentation from the clerk of the court in the county of your conviction.
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3. Offense Report(s) and Court Documents- For each arrest listed in your application

<input type="checkbox"/>	For each arrest noted on your application, please provide: <ul style="list-style-type: none">➤ A copy of the law enforcement agency offense report➤ Any Complaint/Indictment or Information filed with a court➤ Court documentation of the Judgment Sentence, if any➤ Court documentation of any Order of Dismissal/Disposition/Discharge➤ Court documentation of fines or restitution paid
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4. Criminal Conviction Record – VCIC form attached

<input type="checkbox"/>	Attach an official criminal history statement from the Vermont Criminal Information Center. (Please see the enclosed form to request this. You will need to pay a \$30 fee in connection with this request, and will need to send them a self-addressed, stamped return envelope.)
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5. Vermont DMV Complete Operating Record – VT DMV Request form attached

<input type="checkbox"/>	Attach an official copy of your Vermont Department of Motor Vehicles complete operating record. (We have enclosed a form you can use to request this. You will need to send DMV a \$16.00 fee in connection with your request.)
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6. Income and Proof of Payment of Income Taxes for the last three years

<input type="checkbox"/>	Attach copies of your federal income tax returns plus statements of wages (W-2 forms) and/or of miscellaneous income (1099 forms). If you do not have copies, you can call the Internal Revenue Service at 1-800-829-1040 and they will assist you. We have enclosed a form you can mail in to request copies of your records. <u>If you have received Public Assistance or Social Security Retirement or Disability benefits for any or all of this three-year period, provide a printout from the agency that provided you with support, showing all benefits received.</u>
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7. Personal Credit Report from one reporting agency

<input type="checkbox"/>	<p>You can obtain a free personal credit report from Equifax, Transunion or Experian. You can order your free annual credit report online at annualcreditreport.com, by calling 1-877-322-8228, or by downloading an Annual Credit Report Request form from www.ftc.gov/bcp/edu/resources/forms/requestformfinal.pdf and mailing it to: Annual Credit Report Request Service, P.O. Box 105281, Atlanta, GA 30348-5281.</p>
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8. Four Letters of Recommendation

<input type="checkbox"/>	<p>Attach letters of recommendation from at least four (4) reputable members of the community who are not related to you and who can attest to your character, your contributions to the community, and other factors relevant to the pardon review. (Letters from family members will only be accepted as supplemental information.)</p> <p>Recommenders must fully complete a “reference questionnaire” (A question can only be skipped if it is answered in the recommendation letter itself. If that is the case it must be clearly indicated.) Your recommenders must:</p> <ul style="list-style-type: none">➤ Indicate how long they have known you➤ Describe in detail how they know you➤ Indicate the specific offense(s) for which you have been convicted➤ Explain why they believe the Governor should pardon you <p>Letters should be specifically written in connection with your pardon application (generic letters of recommendation will not be accepted); should be addressed to the Governor; and must include the name, occupation, signature, telephone number and mailing address of the writer. Be sure to complete and attach a Reference Questionnaire for each letter of recommendation.</p>
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9. Notice Form to be mailed to State’s Attorney

<input type="checkbox"/>	<ul style="list-style-type: none">➤ Please fill out the top portion of the Pardon Notice-State’s Attorney.➤ Mail or deliver the notice to the State’s Attorney in the county of your conviction, along with a stamped envelope addressed to: <i>Office of the Governor, 109 State Street, The Pavilion Montpelier, VT 05609-0101</i>
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NOTE: *If any agency will not provide the requested document, you must submit a letter addressed to the Governor. Your letter must be dated and reference the agency name with their address and phone number, the person whom you contacted, the date(s) that you attempted to get the information, and an explanation as to why the agency did not provide the requested material.*

VERMONT PARDON APPLICATION GUIDELINES

A governor's pardon is an extraordinary act. In the vast majority of cases, pardons will not be granted. There are no hard-and-fast rules to determine who may receive a pardon. In reviewing your pardon application, the Governor may weigh a number of factors; some will not apply in each particular case, and some will be more important in some cases than others. The Governor's decision will be based on a consideration of all of the circumstances, including (but not limited to) these factors. For that reason, you should consider these factors in deciding whether to go through the time-consuming process of applying for a pardon.

1. ***The nature of the offense.*** As a general matter, the Governor is highly unlikely to grant a pardon to someone convicted of a violent or more serious crime.
2. ***Whether you have taken responsibility for your actions.*** As a general matter, the Governor is highly unlikely to grant a pardon to someone who has not taken responsibility for his or her actions, including restitution to victims and treatment or other steps to rehabilitate.
3. ***Time since conviction.*** As a general matter, the Governor is not likely to grant a pardon to someone convicted within the past 10 years, absent other compelling factors. The Governor is especially unlikely to grant a pardon if you have not fully completed all aspects of your sentence (including probation or parole).
4. ***Prior criminal record.*** As a general matter, the Governor is highly unlikely to grant a pardon to someone with a significant criminal history apart from the offense for which he or she is asking for a pardon.
5. ***Subsequent offenses.*** As a general matter, the Governor is highly unlikely to grant a pardon to someone convicted of another offense *after* the conviction that is the subject of the pardon request, or to someone who is the subject of pending state or federal charges in Vermont or elsewhere.
6. ***Citizenship and contributions to your community.*** In most cases, this factor will be extremely important. What have you done since your conviction to demonstrate your good citizenship and to make contributions to the community? Are you up to date on all of your legal obligations, including child support, if any?
7. ***Manifest injustice in the legal process.*** The Governor will not second-guess the court process. A pardon application is *not* the place to reargue your guilt or innocence. However, in exceptional and rare circumstances, the Governor may consider a manifest injustice in the legal process in reviewing your pardon application.
8. ***Reason for your pardon request.*** In most cases, this factor will be important. How specifically will a pardon help you to better contribute to your community?

VERMONT PARDON APPLICATION**(This form must be TYPED OR NEATLY PRINTED USING BLUE OR BLACK INK)****A. PERSONAL INFORMATION** (Complete all fields. Write "N/A" or "Unknown" if necessary)

Current full name (first, middle, last, and any suffix like "Jr." or "III"):	
Name(s) convicted under:	
Sex: _____	Date of Birth _____ Place of Birth _____
Drivers license state _____ License Number _____	
Alias names (any other names you have used , including maiden name, name by former marriage and nicknames). Also list any other birth dates or other forms of identification you have used.	
Current marital status: <input type="checkbox"/> Married or civil union. Spouse's Full Name _____ <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Never been married	
Children/support/alimony: I have _____ children under the age of 18 years. I am supporting the following children under the age of 18 years: _____ I currently pay \$ _____/month in child support. I <input type="checkbox"/> am/ <input type="checkbox"/> am not currently up to date on all child support payments. I currently pay \$ _____/month in alimony. I <input type="checkbox"/> am/ <input type="checkbox"/> am not currently up to date on all child support payments.	
Is this your first pardon application? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, date(s) of prior application(s): _____	

B. ADDRESSES

Current Mailing Address		Current Physical Address	
Number and street	Apartment	Number and street	Apartment
City	State Zip Code	City	State Zip Code
Home phone number	() _____	Work email address	
Work phone number	() _____	County of residence	
Cell phone number	() _____	Years at physical address	
Pager number	() _____	Home email address:	

Previous Addresses

List all previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. **All time periods must be accounted for.** If necessary, write "Do Not Remember." Include complete dates (months and years of residence), addresses, city, state and zip codes. If you have to add an additional sheet of paper, insert it behind this page.

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code
From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code
From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

C. EMPLOYMENT

Please give a complete employment history (since age 18), beginning with your present employment and working backwards. Include employer's name, address, and telephone number, your job position working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

From (month/year):	Employer name:
To (month/year):	Employer address:
Job position:	
Average Monthly Salary:	Employer phone number:
Work duties:	Reason for Leaving:

Highest grade completed:	Name of school:	Location of school:
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Branch of service:	Dates of service:
Type of Discharge:	Service number:

Are you currently incarcerated in a Vermont correctional facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO ID NUMBER:	
Were you ever incarcerated in a Vermont correctional facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO Prior ID NUMBER(s):	
Are you currently serving a term of furlough, probation or a term of mandatory supervision? <i>(If “yes”, identify the county of current residence, name and phone number of your probation officer.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO County:	
	Name of Probation Officer:	
	Officer’s Phone Number:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO County:	
Are you currently on parole? <i>(If “yes”, identify the county of current residence, name and phone number of your parole officer.)</i>	Name of Parole Officer:	
	Officer’s Phone Number:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO County:	
Have you ever been incarcerated in a federal or non-Vermont state institution? <i>(If “yes”, list all facility names, locations, and identification numbers.)</i>	ID Number:	
	Institution: Location:	
Is a Vermont pardon needed before another jurisdiction can act on a pardon? <i>(If “yes”, attach an explanation page and a written statement from the other jurisdiction behind this page.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been charged with any offenses in Vermont or outside of Vermont, state or federal, either <i>before</i> or <i>after</i> the offense for which you are seeking a pardon?	<input type="checkbox"/> YES <input type="checkbox"/> NO ? (If “yes,” attach an explanation page listing the date of <u>each</u> charge, the charge, the court in which you were charged, the disposition (or an indication that the charges are still pending), as well as an explanation.)	

Please describe the circumstances of each offense and conviction for which you are seeking a pardon. You may attach a separate page if necessary. (If you need an extra page, insert it after this page.)

[illegible]

F. BASIS FOR PARDON REQUEST

This is your chance to explain why you believe the Governor should pardon you. Please consider the factors the Governor is likely to consider such as: What have you done since your conviction to rehabilitate yourself, demonstrate good citizenship and contribute to your community? Why are you requesting a pardon? (Be specific if a pardon will enable you to get a particular job or will have some other specific result.) How will pardoning you benefit Vermont and Vermonters?

<div></div>

Insert additional pages, if necessary, after this page.

G. AUTHORIZATION TO OBTAIN RECORDS AND LIABILITY RELEASE

Name: _____ Soc. Sec#: _____ DOB: _____

INFORMATION TO BE RELEASED:

I authorize and request the release of any information, verbal and/or written, including but not limited to information related to current or previous employment, personnel records, criminal records, educational records, any investigative records, credit records, tax or bank records, correctional records, sealed records, confidential records or information previously agreed to be withheld, medical records (including records relating to substance abuse or alcohol abuse), mental health records, opinions of my character or conduct, and any and all information that a person or entity may have concerning me for use in connection with my application for a pardon from the Governor of Vermont. A copy of this authorization shall be valid as an original.

INFORMATION TO BE RELEASED FROM:

Any person or entity who may have knowledge of me including but not limited to friends, family members, neighbors, acquaintances, co-workers, businesses, previous or current employers, any law enforcement or corrections agency, any mental health or medical organization, clinic, physician, laboratory, pharmacy, hospital, inpatient or outpatient program or facility, any credit reporting bureau, any educational facility or institution, any financial institution, or any other person or entity deemed relevant by the agency or person conducting the background investigation in connection with my application for a pardon, may furnish requested information.

INFORMATION TO BE RELEASED TO:

The Vermont Departments of Corrections, Public Safety, Motor Vehicles, Taxes, the Office of the Vermont Attorney General, the State's Attorney, the Vermont Supreme Court, the office of the Governor of the State of Vermont or any other person, department or agency inside or outside the State of Vermont involved with gathering information during the conduct of the investigation in connection with my application for a pardon, may receive said information.

KNOWING AND VOLUNTARY AUTHORIZATION:

This authorization is voluntary, and I am free to decline to sign this document. I understand that if I don't sign this authorization, my application for pardon will not be considered. I understand that I may revoke this authorization at any time by notifying the Governor's Office in writing. However, I cannot undo any action that has already taken place in reliance on this authorization. I understand that if I revoke this authorization, the investigation relating to my pardon request will terminate.

WAIVER OF LIABILITY:

I agree to hold all entities and persons harmless from any liability or claims arising from their furnishing information pursuant to this authorization. This waiver shall apply to any right of action of any kind, and binds me as well as my heirs, or my personal representative(s).

Dated this ____ day of _____, 20__

Signature of Applicant

H. OATH AND AGREEMENT TO UPDATE

I, _____, being first duly sworn, state as follows:

1. I am eighteen (18) years old or older and I believe in the meaning of an oath.
2. I have not been convicted of any other crimes in the State of Vermont or in any other state or federal jurisdiction other than the offenses listed in this pardon application, and as of this time, I do not have any charges pending against me in the State of Vermont or in any other state or Federal jurisdiction other than those listed above.
3. I agree to notify the Governor's Office immediately of any other criminal charges brought against me at any time, including after the date of this application.
4. I agree to notify the Governor's Office immediately of any other changes in or updates to my status or to the answers to the questions in this application.
5. I understand that if the Governor grants me a pardon and then later discovers that any information provided by me on this application or throughout this pardon review process is false, incomplete and/or incorrect, in addition to any criminal or civil penalties that may be imposed against me as a result of my false statements, the Governor may revoke my pardon.
6. I understand that this application, attached materials, and records gathered in connection with investigating this pardon application may be public records subject to disclosure if someone makes a request for them under Vermont's public records law.

Dated this ____ day of _____, 20__ _____

Signature of Applicant

Notary Public in and for said County of _____

State of _____

Commission Expires: ____/____/____

Subscribed and Sworn before me this ____ day of _____, 20__

by _____.

Signature of Notary

Applicant Name

Reference Questionnaire

(The reference questionnaire must be completed & attached with all character reference letters.)

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years _____ Months

2. In *detail* please describe in what circumstances have you known the applicant.

3. What offence(s) has the applicant been convicted of?

4. In *detail* please give your reason(s) as to why you believe the applicant deserves a pardon.

Signature of Reference

Date

Applicant Name

Reference Questionnaire

(The reference questionnaire must be completed & attached with all character reference letters.)

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years _____ Months

2. In *detail* please describe in what circumstances have you known the applicant.

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Signature of Reference

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3. What offence(s) has the applicant been convicted of?

4. In *detail* please give your reason(s) as to why you believe the applicant deserves a pardon.

Signature of Reference

Date

Applicant Name

Reference Questionnaire

(The reference questionnaire must be completed & attached with all character reference letters.)

Reference Name

Street Address

City, State and Zip Code

Telephone

1. How long have you known the applicant? _____ Years _____ Months

2. In *detail* please describe in what circumstances have you known the applicant.

3. What offence(s) has the applicant been convicted of?

4. In *detail* please give your reason(s) as to why you believe the applicant deserves a Pardon.

Signature of Reference

Date

PARDON NOTICE – STATE’S ATTORNEY
PLEASE TYPE OR PRINT CLEARLY

TO THE APPLICANT: Fill out ONLY the top portion.

- Complete the top part of the form.
- Mail or deliver to the State’s Attorney in the county of your conviction. Include a stamped envelope addressed to: ***Office of the Governor, 109 State Street, The Pavilion Montpelier, VT 05609-0101***

Applicant Name: _____ Date of birth: ____/____/____

Mailing address:

The applicant was convicted in the **County** of _____
for the **crime(s)** of _____
and **sentenced** to _____
on ____/____/_____.

The Applicant is seeking a **pardon from the Governor**.

TO THE STATE’S ATTORNEY:

The Governor and the Commissioner of Corrections invite your opinion on whether the above-named applicant should be granted a pardon. Your support of or opposition to a pardon will be given significant weight by the Governor and the Commissioner of Corrections. Thank you for your assistance.

State’s Attorney Comments: (Support/Deny/No Opinion)

State Attorney’s Signature: _____ Date: ____/____/____

State Attorney’s Name (Print): _____

Please mail original to Office of the Governor, 109 State Street, The Pavilion Montpelier, VT 05609-0101



Department of Public Safety
Vermont Criminal Information Center
103 South Main Street
Waterbury, VT 05671-2101

PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 - 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING		
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING		
<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE	<input type="text"/>		

ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS

The following information is REQUIRED in order to successfully process your request.
Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056c, which governs the release of criminal conviction information to the public, I understand:

- _____ Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- _____ Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- _____ No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

REQUESTOR INFORMATION

Name	Street Address		
<input type="text"/>	<input type="text"/>		
City	State	Zip	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Requestor		Date (Mo/Day/Year)	
<input type="text"/>		<input type="text"/>	



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

Vermont DMV Record Request

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000

Requests for Vermont Department of Motor Vehicles records must be submitted on this form. This form may be photocopied for your convenience. The form must be completed in ink. Please print all information, except signatures, which must be written.

* ALL APPLICABLE SECTIONS OF THIS FORM (FRONT AND BACK) MUST BE COMPLETED TO OBTAIN THE REQUESTED INFORMATION. *

Signature Required on Back of Form	
Requester Name:	
DBA/Company:	
Mailing Address:	Street/Box Number:
	City, State, Zip:
Mail to (If different than above address):	
Telephone Number:	
<input type="checkbox"/> Listings of 1 through 4 current or expired registrations – \$6.00	<input type="checkbox"/> Certified copy of suspension notice – \$6.00
<input type="checkbox"/> Listing of 1 through 4 current or expired operator's license – \$6.00	<input type="checkbox"/> Certified copy of reinstatement notice – \$6.00
<input type="checkbox"/> Certified copy of current or original registration application – \$6.00	<input type="checkbox"/> Certified copy of title – \$6.00
<input type="checkbox"/> Certified copy of expired operator's license application – \$6.00	<input type="checkbox"/> Certified copy of vehicle title search, title info, lien info. – \$20.00
<input type="checkbox"/> Certified copy individual accident report – \$10.00	<input type="checkbox"/> Certified copy of vessel, snowmobile or ATV title search – \$13.00
<input type="checkbox"/> Certified copy police accident report – \$15.00	<input type="checkbox"/> Certified copy of 3 year operating record (Vermont only) – \$13.00
<input type="checkbox"/> Insurance information of accident – \$6.00	<input type="checkbox"/> Certified copy of complete operating record (Vermont only) – \$16.00
<input type="checkbox"/> Statistics and research – \$35.00 per hour	<input type="checkbox"/> Certified copy of proof of mailing – \$6.00
<input type="checkbox"/> Periodic inspection sticker record – \$6.00	<input type="checkbox"/> Certified copy of mail receipt – \$6.00
<input type="checkbox"/> Lists of registered dealers, transporters, periodic inspection stations, rental vehicle companies, fuel dealers and distributors (including gallons sold or delivered) – \$6.00 per page	
<input type="checkbox"/> Other – Write explanation on reverse side of this form. All other items of information requested will be furnished at a minimum charge of \$6.00.	

• DO NOT MAIL CASH! • Make check or money order payable (in U.S. funds only) to: VT DEPARTMENT OF MOTOR VEHICLES.

FOR DEPARTMENT USE ONLY

Audit Line: →

I am requesting information concerning:

VIN Number		Vehicle Make	Vehicle Year	VT License Plate #	Expiration Date
Name		VT Driver License Number		Date of Birth	
Street/Box Number				Social Security Number	
City			State	Zip Code	
Date(s) you want covered, if applicable (does not apply to driving records)					
Month	Day	Year	Through	Month	Day

AUTHORIZATION OF RELEASE OF INFORMATION

▼ I hereby, with my signature, authorize (print name of person or business you are authorizing):

- ☐ To perform a one-time search of the VT Department of Motor Vehicles files (pertaining to me) and any resulting reports.
☐ To perform a one-time authorization to transact business (pertaining to me) with the VT Department of Motor Vehicles.

▼ Signature of individual authorizing release:

▼ Date authorization given:

Information requested (be specific, if necessary use separate sheet of paper):

The information requested may be disclosed if its use is authorized under the Driver Privacy Protection Act. The information being requested is:

↓ You must initial inside the appropriate box(es)/category(ies) below:	
1.	For use by any government agency, including any court or law enforcement agency, in carrying out its functions, or any private person acting on behalf of a government agency in carrying out its functions. Appropriate documents identifying requester are required .*
2.	For use in connection with matters of motor vehicles or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts, and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.
3.	For use in the formal course of business by a legitimate business or its agents, employees, or contractors: a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees, or contractors; and b. If the information as so submitted is not correct or is no longer correct, to obtain the correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against, the individual. Appropriate documents identifying requester are required .*
4.	For use in connection with any proceeding in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.
5.	For use in research activities, and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.
6.	For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation activities, antifraud activities, rating, or underwriting. Appropriate documents identifying requester are required .*
7.	For use in providing notice to the owner or lien-holder of a towed or impounded vehicle.
8.	For use by any licensed private investigative agency or licensed security service for any purpose permitted under this section. Appropriate documents identifying requester are required .*
9.	For use by an employer, of its agent or insurer, to obtain or verify information relating to a holder of a commercial driver's license which is required under the Commercial Motor Vehicle Safety Act of 1996 [Title XII of Public Law 99-570].
10.	For use in connection with the operation of private toll transportation facilities.
11.	For any use specifically authorized by law that is related to the operation of a motor vehicle or public safety. An explanation that details the reason(s) why you feel you qualify under this category must be attached to this document.
12.	Unrestricted or specified use with written consent of the person who is the subject of the information. ("Release portion" on other side of this form must be completed in full.)

In requesting and using this information I acknowledge that this disclosure and any re-disclosure is subject to the Driver Privacy Protection Act (18 USC §2723). This is signed and the request made subject to the penalties of 18 USC §2723 and 23 VSA §202.

Signature of Requester:		Date:	
Driver License/Corporate Number of Requester:			

Upon receipt of this request by the Vermont Department of Motor Vehicles, it will be reviewed by the appropriate department personnel to determine whether this request conforms to (DPPA) protocol and requirements. Failure to meet these qualifications will result in a denial of your request.

* Appropriate documents identifying requester are **required**. You must include copies of your identification and documents verifying you are authorized to obtain this information. Failure to meet these qualifications will result in a denial of your request. If you are unsure what documents are required, call 802.828.2000

FOR DEPARTMENT USE ONLY – DO NOT WRITE ANYTHING BEYOND THIS POINT

This request is hereby denied as the record(s) is/are exempt from inspection and copying for the following reason:

- ☐ They are records which, by law, are designated confidential or by a similar term.
- ☐ They are records which, by law, may only be disclosed to specifically designated persons.

You have the right to appeal this denial to the Commissioner of Motor Vehicles (appeal must be in writing).

Vermont Department of Motor Vehicles:

Request for Copy of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-0029

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your IRS return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶			
Note: If the copies must be certified for court or administrative proceedings, check here <input type="checkbox"/>			
7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.			
8 Fee. There is a \$57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.			
a Cost for each return			\$ 57.00
b Number of returns requested on line 7			
c Total cost. Multiply line 8a by line 8b			\$
9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here <input type="checkbox"/>			

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	Signature (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature		Date	

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506 and its instructions, at www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when the return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	RAMS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAMS Team Stop 37106 Fresno, CA 93899
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAMS Team Stop 6705 P-6 Kansas City, MO 64199

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAMS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	RAMS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8922, Change of Address.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if the authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W/CAR/MP/TM/S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see **Where to file** on this page.